## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/568267 APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS														
	AS FILED		AFTER 1*AMENDMENT		AFTER 2 - AMENDMENT				AS FILED		AFTER 1*AMENDMENT		AFTER 2 ™AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		<b>(-</b>		<b>+</b>		<b>+</b>		TOTAL DEP.	49	<b>←</b>		<b>+</b>		<b>–</b>
TOTAL CLAIMS								TOTAL CLAIMS	52					
PTO - 1360	(REV. 11/04	)					1				MENT of CO			